Alabama's Plan First Medicaid Demonstration Program

Summary Evaluation, Demonstration Years One through Five

October 2000 – September 2005

Submitted by

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Executive Summary

The Plan First Demonstration Program allows the Alabama Medicaid Agency to extend coverage for family planning services to women ages 19 to 44 that are not currently eligible for Medicaid, but would be eligible if they became pregnant. Enrollees can choose any provider enrolled in Plan First for services, including health department clinics, community health centers and non-Title X providers. Contraception and surgical sterilization services, lab tests, pap smears and HIV counseling are all covered by Medicaid under the waiver. This summary evaluation for Demonstration Years One through Five is drawn from the annual evaluations conducted for the program.

This summary evaluation is organized to address each of the six objectives of the Plan First program. These objectives, and the conclusion reached about each objective, are shown below.

Objective 1: Reduce the rate of unintended pregnancies among Alabama women in general and among women who are eligible for Medicaid paid deliveries.

> **Conclusion:** The birth rate within the population eligible for Medicaid coverage has declined over the Plan First period. Plan First service users, particularly those receiving risk assessments and care coordination through the program, had lower subsequent birth rates than Plan First enrollees with no service use.

Objective 2: Improve access to high quality family planning services for low-income women. Increase the number of Alabama men, women and teens receiving publicly funded (Medicaid and Title X program) family planning services.

> **Conclusion:** Enrollment in the Plan First program includes a substantial portion of potentially eligible women in the state. At the end of the first four years of the program, there were 56% more family planning service users in this income bracket in the state than among Title X users before Plan First began. However, service use did not keep pace with enrollment, and remained less than 50% of all those enrolled in the program. This may be because women were automatically enrolled and remained enrolled in the program even when they were no longer interested in receiving family planning services. Nearly one quarter of Plan First clients used private sector in addition to or instead of Title X

provider settings, and the number of private sector provider settings available to clients increased dramatically over the program period. Over the Plan First demonstration period, clients reported increasingly more comprehensive content in their family planning visits, reported more use of contraception and reported a wider variety of contraceptive method choices.

Objective 3: Reduce Medicaid costs for unintended births.

Conclusion: Due to the lower fertility rates among Plan First service users, compared to the general Medicaid eligible population before the start of the program, Plan First has contributed to substantial cost savings for Medicaid by averting expenditures on maternity and infant care.

Objective 4: To utilize effective outreach programs to enhance awareness and need for available family planning services.

Conclusion: Awareness of the Plan First program has increased over time among women who are actually enrolled in the program. Awareness of enrollment has also increased. However awareness is not universal. Women who are aware of the program are much more likely to use family planning services, and are less likely to see provider availability and affordability concerns as barriers to use of family planning services.

Objective 5: To utilize care coordination services to assist women with choosing a family planning method.

Conclusion: Care coordination services have a positive impact on Plan First clientele. Clients using these services receive more family planning services, use more effective contraceptive methods and are more likely to return over time for care. The majority of clients who are assessed as high risk receive these services. However, it has been difficult to assure that all Plan First clients receive risk assessment services.

Objective 6: To ensure that education concerning family planning methods is communicated in a meaningful and understandable way to women.

Conclusion: Many factors that effect women's perceptions about family planning are not subject to influence by the Plan First program. However, there are indications that over time the clients in Plan First have reported fewer concerns about difficulties using contraception, and those with awareness of the program are less likely to cite difficulties and financial barriers as reasons not to use contraception. There is some association between client's awareness of enrollment in Plan First and use of contraception in general and effective contraception in particular. Clients

report being satisfied with communication about family planning services provided by their family planning providers.

Overall, this summary evaluation of the first five years of the Plan First program indicates that providing coverage for family planning services to women ages 19 to 44 that would otherwise have been covered by Medicaid if they became pregnant has reduced unintended births for this population and consequently reduced expenditures for the Medicaid program. Plan First accomplished this by increasing the number of women using family planning services, by supporting a more comprehensive approach to the provision of family planning services, by contributing to increased awareness of the availability of care on the part of beneficiaries, and by supporting care coordination services for high risk women, which increased their use of family planning care.

Contents of Summary Evaluation

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Summary Evaluation, Demonstration Years One through Five

Overview

Alabama, along with about 15 other states, currently operates a Family Planning Demonstration Waiver within the Medicaid program. This demonstration program allows the Medicaid Agency to extend coverage for family planning services to women ages 19 to 44 who are not currently eligible for Medicaid, but would be eligible if they became pregnant. Enrollees can choose any provider enrolled in Plan First for services, including health department clinics, community health centers and non-Title X providers. Contraception and surgical sterilization services, lab tests, pap smears and HIV counseling are all covered by Medicaid under the waiver. The Alabama Department of Public Health provides assessments for all family planning clients and makes case management services available to high risk clients. The Health Department also conducts an outreach program to inform potentially eligible women about the Plan First program The program has been in operation since October 2000.

Objectives of Plan First

The initial Demonstration Program had the following six objectives:

Objective 1: Reduce the rate of unintended pregnancies among Alabama women in general and among women who are eligible for Medicaid paid deliveries.

Objective 2: Improve access to high quality family planning services for low-income women. Increase the number of Alabama men, women and teens receiving publicly funded (Medicaid and Title X program) family planning services.

Objective 3: Reduce Medicaid costs for unintended births.

Objective 4: To utilize effective outreach programs to enhance awareness and need for available family planning services.

Objective 5: To utilize care coordination services to assist women with choosing a family planning method.

Objective 6: To ensure that education concerning family planning methods is communicated in a meaningful and understandable way to women.

Evaluation of the Plan First Program

Annual evaluations of the Plan First program have been conducted by Janet Bronstein, Ph.D., professor at the School of Public Health at the University of Alabama at Birmingham, under contract with the Alabama Department of Public Health. Four primary sources of data have been used in the annual evaluations. First, monthly enrollment data have been examined to track trends in program enrollment. Second, monthly claims data for Plan First enrollees have been examined to track utilization in the program. Claims data have also been used to examine the numbers and locations of providers billing for services. Third, claims for Medicaid paid deliveries have been examined from the year before the Plan First program started through the program period. Delivery data have been used to track overall trends in births to Medicaid enrollees. Delivery data have also been merged with Plan First enrollment data, to track the number of births occurring to Plan First enrollees, and with claims data, to track the number of births occurring to women who used services within the Plan First program.

The fourth source of data for this evaluation is a telephone survey conducted of enrollees in Plan First. Four telephone surveys have been conducted of Plan First clients since the program began: one in 2001 during Demonstration Year One, one in 2002 during Demonstration Year Two, one in 2003-2004 that spanned Demonstration Years Three and Four, and one in 2005 for Demonstration Year Five. Each year a sample was drawn of about 100 Plan First enrollees from each Public Health Area. Response rates for enrollees contacted in the telephone survey have been over 90% in all survey rounds. In Year Five, surveys were discontinued in PHA 11 after Hurricane Katrina, due to widespread disruption in the Mobile area. Thus for Year 5 there were 85 respondents from this area, rather than the 100 respondents that was the target.

In addition to these primary sources of data, we have used census data in some parts of the evaluation to provide estimated denominator counts for the number of women in the population who are potentially eligible for Plan First and for Medicaid maternity coverage.

In the evaluations, Demonstration Year One refers to October 2000 – September 2001, Demonstration Year Two refers to October 2001 – September 2002, Demonstration Year Three refers to October 2002 – September 2003, Demonstration Year Four refers to October 2003 – September 2004 and Demonstration Year Five refers to October 2004 – September 2005.

This summary evaluation for Demonstration Years One through Five is drawn from the annual evaluations conducted for the program. We have organized the data to address each of the six objectives of the Plan First program. The annual evaluations include some more detailed analyses, particularly examining differences in enrollment, use and awareness of the

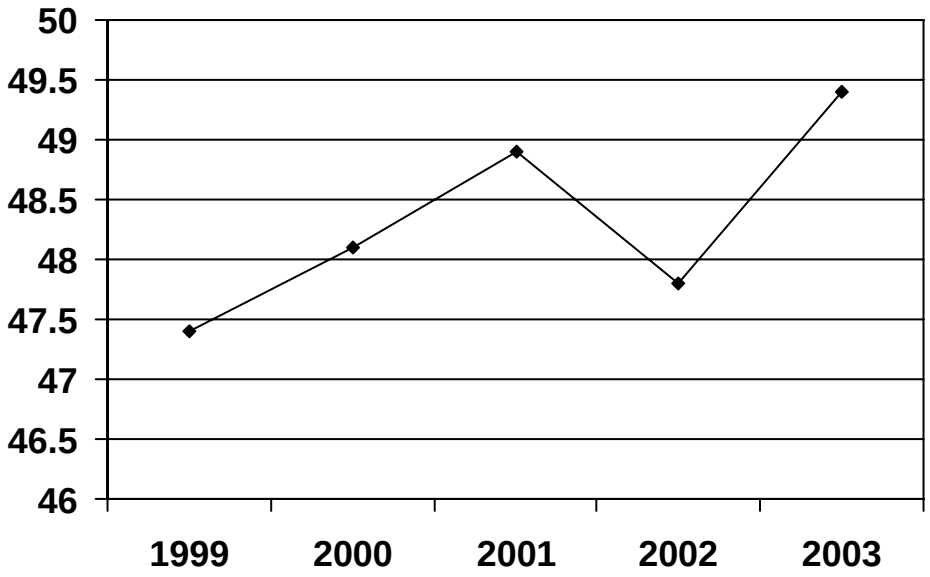
program across geographic areas within the state. These data are used primarily for program management purposes, and are not included here.

Section One : Impact of Plan First on reducing the rate of unintended pregnancies among Alabama women in general and among women who are eligible for Medicaid paid deliveries.

Impact on Alabama Women in General

The state conducts a PRAMS (Pregnancy Risk Assessment and Monitoring System) survey annually among a sample of new mothers. Question 10 of the survey asks mothers when they intended to become pregnant. Mothers who reply that they did not intend to get pregnant or intended to get pregnant later than they did are considered to have had unintended pregnancies. With data available through 2003, there is no indication that the overall rate of unintended pregnancies has declined in the state.

Figure 1.1 Portion of Unintended Pregnancies in Alabama



Data from PRAMS Surveillance Report Alabama 2003, Center for Health Statistics, Alabama Department of Public Health

Impact on Women Eligible for Medicaid Paid Deliveries

However, there is suggestive evidence that the Plan First program helped to reduce the rate of unintended pregnancies among women who were eligible for Medicaid paid deliveries in the state. We examined this trend in two ways. First, we examined overall deliveries in Medicaid over the Plan First period, to see if these birth rates had declined. This is an imperfect measure, primarily because the number of Medicaid covered deliveries is also affected by changes in the economy that leave more or fewer women covered by Medicaid. We tried to account for this by using current census data to estimate the number of

women ages 19-44 in the population who would be eligible for Medicaid if pregnant, but these data are not very accurate over short periods of time. Also note that there were more actual pregnancies than the number of births reported here, as some pregnancies terminate before delivery. The numbers shown in this table have been updated with claims filed through December 2004.

Table 1.1 Trends in Unintended Birth Rates in the SOBRA Medicaid Covered Population

Year	Births to SOBRA Medicaid Enrollees Over age 18	Estimated Poverty Population of Women in State Ages 19-44	Rate of Medicaid births to Poverty Population (per thousand)	Percent Unintended Births (from PRAMS survey)	Estimated Number of Unintended Births	Rate of Unintended Births in Poverty Population (per thousand)
Base Oct '99-Sept 00	18,965	140,008	135.45	66.2%	12,555	89.67
Demo Yr 1 Oct '00-Sept '01	19,266	160,301	120.19	67.4%	12,985	81.00
Demo Yr 2 Oct '01-Sept'02	19,416	147,644	131.50	68.9%	13,376	90.61
Yr 3 Oct '02-Sept '03	20,248	148,107	136.71	63.9%	12,938	87.36
Yr 4 Oct '03-Sept '04	20,446	161,402	126.68	66.4%	13,576	84.11

The count of deliveries shown in column one of this table were derived from Medicaid claims data, updated through 2004. The estimated size of the poverty population was derived by multiplying the number of women ages 19-44 living in Alabama as identified in the 2000 census and subsequent population estimates by the Census Bureau, by the portion of the population in the state estimated to be below 125% of the Federal Poverty Level. The actual income eligibility cut off for Medicaid is 133% of the Federal Poverty Level, but some women under this income level are covered by other types of insurance. The portion of the population under the poverty level was derived from the annual Current Population Survey (CPS) conducted by the Census Bureau every March. The poverty rates for individuals ages 18-65, as reported in the CPS, were 16.0% for March 2000 (applied to the Base year), 18.3% for March 2001 (applied to Demo Yr 1) 17.1% for March 2002 (applied to Demo Yr 2), 17.2% for March 2003 (applied to Demo Yr 3), and 19.1% for March 2004 (applied to Demo Year Four). The portion of deliveries from unintended pregnancies was derived from responses to the question on the Pregnancy Risk and Monitoring System survey conducted by the Alabama Department of Public Health annually. The rate applied to the Base year is based on births in 1999, the rate applied to Demo Year 1 is based on births in 2000, the rate applied to Demo Year 2 is based on births in 2001, the rate applied to Demo Year 3 is based on births in 2002, and the rate applied to Demo Year 4 is based on births in 2003.

Table 1.1 shows that the number of deliveries paid for by Medicaid for women over age 18 eligible for SOBRA (income based eligibility coverage) rose slightly over the Plan First period, but the population eligible for Medicaid increased substantially over this period, due to increasing poverty rates. The net birth rate for Medicaid eligible women has therefore declined over this time period, although it is variable from year to year. The portion of women covered by Medicaid who reported on the PRAMS (Pregnancy Risk Assessment and Monitoring System) survey that their pregnancies were unintended declined somewhat over the period, although the trend was not statistically significant.

Our second approach to examining this issue compared birth rates within the population actually enrolled in Plan First, contracting rates for those who used family planning services with those who did not. These findings are shown in Tables 1.2-1.4. In these tables, a visit refers to an encounter with a provider that includes an exam and/or the provision of a contraceptive method. Assess refers to a risk assessment and CC refers to care coordination. Some service users have only lab or surgical services, and are included as service users without visits.

Table 1.2 Birth Rates for Enrollees and Service Users, Demo Year 1

<table>
<tr><td colspan="10">Enrollees in the Demo Year One = 98,465</td></tr>
<tr><td colspan="2">No use of FP Services in Demo Year One = 53,091 (53.9%)</td><td colspan="8">Any Use of FP Services in Demo Year One = 45,374 (46.1%)</td></tr>
<tr><td>Number with deliveries in Demo Year One before enrollment = 6174 (11.6%)</td><td>Number with no deliveries in Demo Year One before enrollment (net non post-partum non service using enrollees) = 46,917 (88.4%)</td><td>Number with deliveries in Demo Year One before service use

= 4548 (10.0%)</td><td colspan="7">Number with no deliveries in Demo Year One before service use (net non post-partum service using enrollees)

= 40826 (90.0%)</td></tr>
<tr><td></td><td></td><td></td><td></td><td colspan="3">Non-Title X visits only</td><td colspan="3">Title X visits</td></tr>
<tr><td></td><td>Number with births in Years One and Two = 4679</td><td></td><td>Number with no visit in Year One = 5123 (12.5%)</td><td>Number with no Assess or CC = 7295 (17.9%)</td><td>Number with Assess no CC in Year One = 200 (.5%)</td><td>Number with CC in Year One = 604 (1.5%)</td><td>Number with no Assess or CC =8125 (19.9%)</td><td>Number with Assess no CC in Year One = 9846 (24.1%)</td><td>Number with CC in Year One =9633 (23.6%)</td></tr>
<tr><td></td><td>Birth rate for non-service using enrollees

99.7 per thousand</td><td></td><td>Number with births in Years One and Two = 654</td><td>Number with births in Years One and Two = 812</td><td>Number with births in Years One and Two = 20</td><td>Number with births in Years One and Two = 55</td><td>Number with births in Years One and Two = 631</td><td>Number with births in Years One and Two = 499</td><td>Number with births in Years One and Two = 623</td></tr>
<tr><td></td><td></td><td></td><td>Birth rate

127.6 per thousand</td><td>Birth rate

111.3 per thousand</td><td>Birth rate

100.0 per thousand</td><td>Birth rate

91.0 per thousand</td><td>Birth rate

77.7 per thousand</td><td>Birth rate

50.7 per thousand</td><td>Birth rate

64.7 per thousand</td></tr>
<tr><td></td><td></td><td></td><td colspan="7">Overall Birth rate for non-post partum service users = 80.7 per thousand</td></tr>
<tr><td colspan="10">Overall Birth rate for Plan First non-post partum enrollees = 90.9 per thousand</td></tr>
</table>

Table 1.3 Birth Rates for Enrollees and Service Users, Demo Year 2

<table>
<tr><td colspan="9">Enrollees in the Demo Year Two = 120,603</td></tr>
<tr><td colspan="2">No use of FP Services in Demo Year One = 62,624 (51.9%)</td><td colspan="7">Any Use of FP Services in Demo Year Two = 57,979 (48.1%)</td></tr>
<tr><td>Number with deliveries in Demo Year Two before enrollment = 5986 (9.6%)</td><td>Number with no deliveries in Demo Year Two before enrollment (net non post-partum non service using enrollees) = 56,638 (90.4%)</td><td>Number with deliveries in Demo Year Two before service use

= 4700 (8.1%)</td><td colspan="6">Number with no deliveries in Demo Year Two before service use (net non post-partum service using enrollees)

= 53,279 (91.9%)</td></tr>
<tr><td></td><td></td><td></td><td></td><td colspan="2">Non-Title X visits only</td><td colspan="3">Title X visits</td></tr>
<tr><td></td><td>Number with births in Years Two and Three = 4679</td><td></td><td>Number with no visit in Year Two = 2201 (4.1%)</td><td colspan="2">Number = 9864 (18.5%)</td><td>Number with no Assess or CC = 12,904 (24.2%)</td><td>Number with Assess no CC in Year Two = 11,905 (22.3%)</td><td>Number with CC in Year Two = 16,405 (30.8%)</td></tr>
<tr><td></td><td>Birth rate for non-service using enrollees

82.6 per thousand</td><td></td><td>Number with births in Years Two and Three = 444</td><td colspan="2">Number with births in Years Two and Three = 1026</td><td>Number with births in Years Two and Three = 1032</td><td>Number with births in Years Two and Three = 614</td><td>Number with births in Years Two and Three = 1544</td></tr>
<tr><td></td><td></td><td></td><td>Birth rate

201.7 per thousand</td><td colspan="2">Birth rate

104.0 per thousand</td><td>Birth rate

80.0 per thousand</td><td>Birth rate

51.6 per thousand</td><td>Birth rate

94.1 per thousand</td></tr>
<tr><td></td><td></td><td></td><td colspan="6">Overall Birth rate for non-post partum service users = 87.5 per thousand</td></tr>
<tr><td colspan="9">Overall Birth rate for non-post partum Plan First enrollees = 87.1 per thousand</td></tr>
</table>

Table 1.4 Birth Rates for Enrollees and Service Users, Demo Year 3

<table>
<tr><td colspan="10">Enrollees in the Demo Year One = 149,133</td></tr>
<tr><td colspan="2">No use of FP Services in Demo Year Three = 84,716 (56.8%)</td><td colspan="8">Any Use of FP Services in Demo Year Three = 64,417 (43.2%)</td></tr>
<tr><td>Number with deliveries in Demo Year Three before enrollment = 4521 (5.3%)</td><td>Number with no deliveries in Demo Year Three before enrollment (net non post-partum non service using enrollees) = 80,195 (94.7%)</td><td>Number with deliveries in Demo Year Three before service use = 4702 (7.3%)</td><td colspan="7">Number with no deliveries in Demo Year Three before service use (net non post-partum service using enrollees)

= 59,715 (92.7%)</td></tr>
<tr><td></td><td></td><td></td><td></td><td colspan="3">Non-Title X visits only</td><td colspan="3">Title X visits</td></tr>
<tr><td></td><td>Number with births in Years Three and Four = 10,410</td><td></td><td>Number with no visit in Year Three = 6441 (10.8%)</td><td>Number with no Assess or CC in Year Three = 12,376 (20.7%)</td><td>Number with Assess no CC in Year Three = 178 (.3%)</td><td>Number with CC in Year Three = 933 (1.6%)</td><td>Number with no Assess or CC in Year Three =11,845 (19.8%)</td><td>Number with Assess no CC in Year Three = 13,359 (22.7%)</td><td>Number with CC in Year Three =14403 (24.1%)</td></tr>
<tr><td></td><td>Birth rate for non-service using enrollees

129.8 per thousand</td><td></td><td>Number with births in Years Three and Four = 1257</td><td>Number with births in Years Three and Four = 1331</td><td>Number with births in Years Three and Four = 15</td><td>Number with births in Years Three and Four = 98</td><td>Number with births in Years Three and Four = 947</td><td>Number with births in Years Three and Four = 578</td><td>Number with births in Years Three and Four = 1026</td></tr>
<tr><td></td><td></td><td></td><td>Birth rate 195.2 per thousand</td><td>Birth rate 107.5 per thousand</td><td>Birth rate 84.3 per thousand</td><td>Birth rate 105.0 per thousand</td><td>Birth rate 79.9 per thousand</td><td>Birth rate 42.7 per thousand</td><td>Birth rate 71.2 per thousand</td></tr>
<tr><td></td><td></td><td></td><td colspan="7">Overall Birth rate for non-post partum service users = 88.0 per thousand</td></tr>
<tr><td colspan="10">Overall Birth rate for Plan First non-post partum enrollees = 111.9 per thousand</td></tr>
</table>

The data in these tables indicate, first, that in all cases the birth rate for Plan First enrollees (90.9 in Demo Year One, 87.1 in Demo Year Two, and 111.9 in Demo Year Three) are lower than the estimated birth rate among SOBRA enrollees in the year before Plan First began (135.4, as shown in Table 1.1). Second, the tables show that, except in Demo Year Two, service users within Plan First have lower subsequent birth rates than non-service users. Finally, the tables show that among service users, those who are provided with risk assessment services, along with the high risk women who subsequently receive care coordination services, generally have the lowest subsequent birth rates. This suggests that the additional features of the Plan First program have a positive impact on reducing unintended birth rates.

Conclusion: The birth rate within the population eligible for Medicaid coverage has declined over the Plan First period. Plan First service users, particularly those receiving risk assessments and care coordination through the program, had lower subsequent birth rates than Plan First enrollees with no service use.

Section Two : Impact of Plan First on improving access to high quality family planning services for low-income women. Increase the number of Alabama men, women and teens receiving publicly funded (Medicaid and Title X program) family planning services.

There are three components to improving access to family planning services for low income women through Plan First: (1) enrolling income and age eligible women, (2) ensuring an adequate number of points of delivery that are geographically dispersed, and (3) encouraging enrolled women to use family planning care. High quality family planning services are those that include a comprehensive set of services and offer a wide choice of contraceptive methods.

Although a stated goal of Plan First was to increase family planning services to men as well as women and teens, no financing was provided for these services and no data are available to measure changes in male family planning service use.

Enrollment in Plan First

Figure 2.1 shows that overall enrollment in the waiver grew from 93,301 in the first year of the demonstration program to 157,390 by the fifth year of the program, a 68.7% growth rate. The numbers represent the number of individuals ever enrolled in the year. The bar to the left shows an estimate of the number of women potentially income eligible for coverage, based on census data. Due to the way the census is aggregated, this number is probably slightly over-estimated. It includes all women under the poverty level in the state, even though a segment of the very lowest income women (less than 18% of the poverty level) are actually eligible for Medicaid under the MLIF (Medicaid for Low Income Families) program rather than under Plan First. The census estimate also includes half of all individuals in the state between 100% and 129% of the poverty level, even though Plan First covers women up to 133% percent of the poverty level. Plan First would not cover any of these women if they had non-Title X insurance that covered family planning. Taking this into consideration, Plan First covered about 45% of income eligible women in the first year of the program, 56% in the second year of the program, 65% in the third year, 72% in the fourth year and 77% in the fifth year of the program. This is a very substantial enrollment rate.

Figure 2.1 Overall Enrollment in Plan First, Oct 2000 – Sept 2005

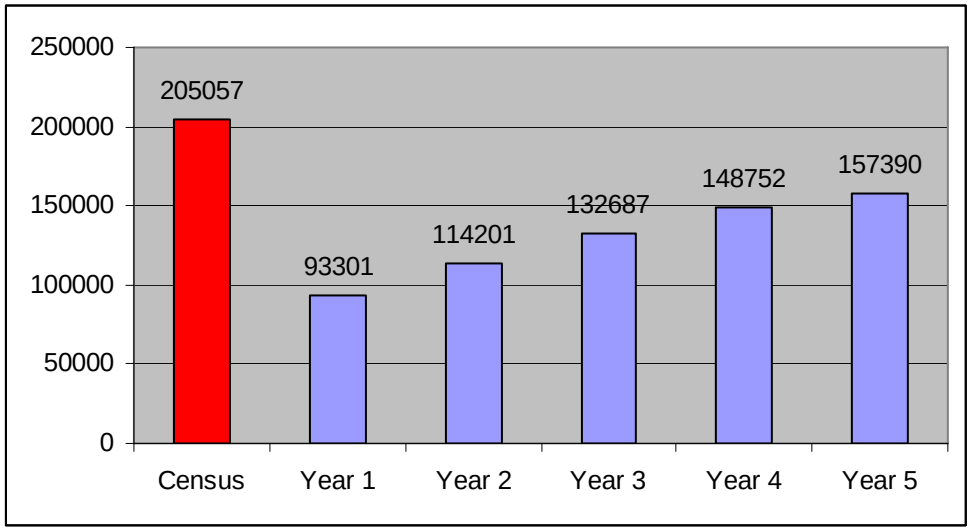


Table 2.1 shows that major growth in the program occurred among clients ages 20-29, but teen enrollment also grew by 21%. In all age groups, growth in enrollment is somewhat greater for White than for Black enrollees. The number of enrollees categorized as "other" (Asian, American Indian and Hispanic) declined over the period.

Table 2.1 Enrollment over Five Year Demonstration Period, by Age and Race.

Group	Demo Year 1	Demo Year 2	Demo Year 3	Demo Year 4	Demo Year 5	% Change Year 1 to Year 5
Total	93,301	114,201	132,687	148,752	157,390	68.69%
Age < 20	11,230	12,800	13,736	15,837	13,561	20.76%
Black	5,057	6,148	6,575	7,333	6,660	31.70%
White	5,144	6,269	6,861	8,131	6,617	28.64%
Other	1,029	383	300	373	284	-72.40%

Group	Demo Year 1	Demo Year 2	Demo Year 3	Demo Year 4	Demo Year 5	% Change Year 1 to Year 5
Age 20 – 29	53,302	70,624	85,159	96,125	103,550	94.27%
Black	24,857	34,357	42,182	46,784	50,663	103.82%
White	22,760	32,254	41,120	47,047	50,387	121.38%
Other	5,685	4,013	1,857	2,294	2,500	-56.02%
Age 30 - 39	23,681	25,695	28,239	30,474	32,892	38.90%
Black	11,592	13,081	14,897	15,998	17,318	49.40%
White	9,468	10,784	12,613	13,635	14,651	54.74%
Other	2,621	1,830	729	841	923	-64.78%
Age 40 +	5,088	5,082	5,553	6,316	7,387	45.18%
Black	2,510	2,724	3,235	3,557	4,167	66.02%
White	1,807	1,851	2,212	2,610	3,032	67.79%
Other	771	507	106	149	188	-75.62%

Delivery Sites for Plan First

Enrollees in Plan First can choose to receive family planning services from any provider enrolled as a Plan First provider. Covered services include family planning visits, family planning education, routine laboratory tests, contraceptive care and surgical sterilization services. In this evaluation, the reporting of use of services is based on Medicaid paid claims through December 2004. Clients are counted as having received a clinical service from a provider if a claim was filed by the provider for an exam or for Depo Provera, a diaphragm or an IUD. Clients

shown here as receiving non-clinical services only include those whose claims reflected only surgical sterilization procedures, only care coordination, assessments or HIV counseling, or only the filling of prescriptions for birth control pills.

Table 2.2 shows that over one quarter of Plan First clients use family planning services outside of the Title X system. This is an indicator of the impact of Plan First on increasing the variety of sources of care for family planning services for this population.

Table 2.2 Clients by Provider Type

	Demo Year 1	Demo Year 2	Demo Year 3	Demo Year 4	Demo Year 5
Health Department only	28,386 (59.5%)	37,015 (62.1%)	39,225 (60.9%)	37,258 (53.4%)	40,309 (56.5%)
Private Providers only	10,409 (21.8%)	13,019 (21.9%)	15,482 (24.0%)	16,884 (24.2%)	16,245 (22.8%)
Health Department and Private Providers	2,923 (6.1%)	2,741 (4.6%)	2,790 (4.3%)	5,154 (7.4%)	2,172 (3.0%)
Non-clinical services only	5,967(12.5%)	6,781 (11.4%)	6,939 (10.8%)	10,485 (15.0%)	12628 (17.7%)
Total	47,685 (100%)	59,556 (100%)	64,436 (100%)	69,781 (100%)	71,354 (100%)

From the beginning of the Plan First program, there has been at least one Plan First provider located in a health department in every county. However, initially there were only a small number of private providers accepting Plan First clients in each county. Table 2.3 contrasts the number of non-Title X provider sites (unique provider billing numbers – some offices with multiple sites use multiple numbers) who provided services in the first part of Demo Year 1 with the number providing care in Demo Year 5. As can be seen, there has been a large growth in the number of sites providing care, and thus an increase in available delivery sites. Only one rural county (Cleburne, near the border with Georgia) has only health department based family planning providers. These counts are compiled from provider numbers of providers with paid claims for services to Plan First enrollees.

Table 2.3 Availability of Non-Title X Family Planning Providers, Demo Year 1 vs Demo Year 5

PHA	County	Number of Provider sites Demo Year 1	Number of Provider Sites Demo Year 5
1	Colbert	6	26
1	Franklin	3	13
1	Lauderdale	2	29
1	Marion	1	10
1	Walker	3	11
1	Winston	1	6
	Total	16	95
2	Cullman	3	24
2	Jackson	7	21
2	Lawrence	1	3
2	Limestone	1	18
2	Madison	10	52
2	Marshall	1	23
2	Morgan	3	22
	Total	26	163
3	Bibb	0	4
3	Fayette	1	2
3	Greene	1	4
3	Lamar	1	0
3	Pickens	4	5
3	Tuscaloosa	9	51
	Total	16	66
4	Jefferson	25	154
5	Blount	1	4
5	Cherokee	1	4
5	DeKalb	2	8
5	Etowah	2	27

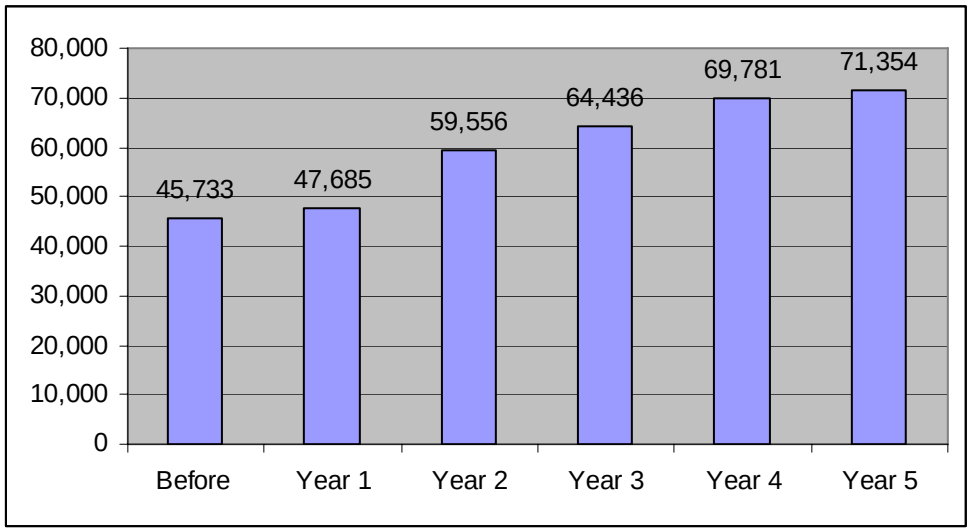
PHA	County	Number of Provider sites Demo Year 1	Number of Provider Sites Demo Year 5
5	St. Clair	1	7
5	Shelby	2	13
	Total	9	63
6	Calhoun	5	44
6	Chambers	8	20
6	Clay	0	2
6	Cleburne	0	0
6	Coosa	0	2
6	Randolph	1	4
6	Talladega	0	18
6	Tallapoosa	1	6
	Total	15	96
7	Choctaw	1	5
7	Dallas	6	28
7	Hale	0	1
7	Lowndes	1	2
7	Marengo	3	12
7	Perry	0	2
7	Sumter	0	6
7	Wilcox	0	1
	Total	11	57
8	Autauga	1	12
8	Bullock	0	5
8	Chilton	1	6
8	Elmore	1	7
8	Lee	0	12
8	Macon	1	3
8	Montgomery	15	88
8	Russell	1	11
	Total	20	144

PHA	County	Number of Provider sites Demo Year 1	Number of Provider Sites Demo Year 5
9	Baldwin	9	34
9	Butler	1	7
9	Clarke	3	18
9	Conecuh	2	7
9	Covington	1	31
9	Escambia	2	19
9	Monroe	0	9
9	Washington	1	6
	Total	19	131
10	Barbour	0	9
10	Coffee	2	20
10	Crenshaw	1	8
10	Dale	2	6
10	Geneva	1	5
10	Henry	0	0
10	Houston	1	25
10	Pike	2	21
	Total	9	94
11	Mobile	11	97
	Total	177	1160

Service Use in Plan First

The number of clients in the income category included in Plan First who used services in the Title X program in Alabama in Fiscal Year 1999 was 45,733. Figure 2.2 shows the number of clients using services within Plan First in each of the subsequent years. Overall, utilization of family planning services for the target group increased 42% in this period.

Figure 2.2 Number of Clients Using Services in Title X and Plan First



However, Figure 2.3 shows that service use in Plan First is much lower than enrollment in the program. Service use has not increased over time to the same extent that enrollment has increased: service use was 48% of enrollment in Demo Year 1, 50% of enrollment in Demo Year 2, 47% of enrollment in Demo Year Three, 44% of enrollment in Demo Year Four and 45% in Demo Year Five. Because much enrollment is automatic, not everyone who is enrolled in Plan First is actually interested in receiving family planning services. The declining percentage that service users represent of enrollees may be simply a consequence of the additional number of enrollees, rather than declining rates of use of family planning services.

Figure 2.3 Enrollment and Service Use in Plan First

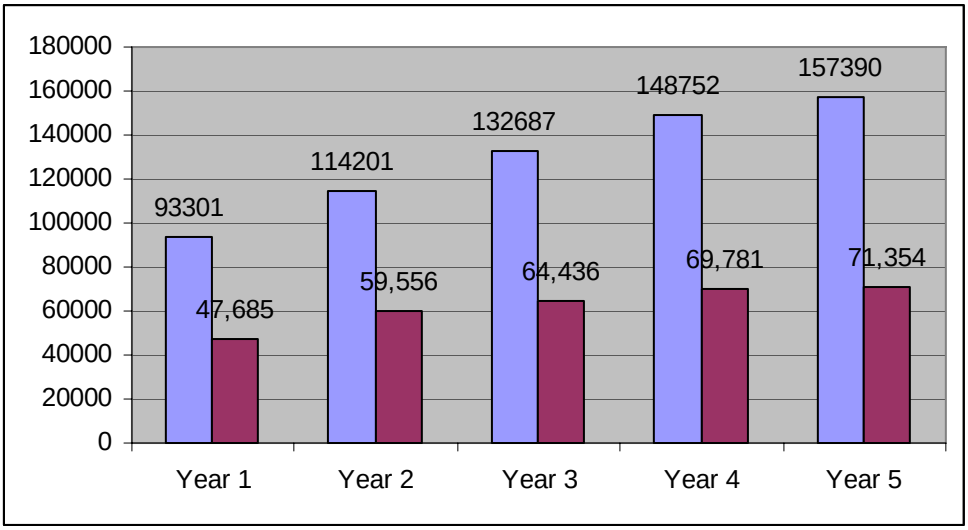


Table 2.4 shows the number of service users and the portion of enrollees using services by Public Health Area. The metropolitan areas of the state – Huntsville (PHA 2), Jefferson County (PHA 4), Mobile (PHA 11) and Montgomery (PHA 8) have the smallest portion of enrollees using services. Decline in proportion of enrollees using services was fairly equal across geographic areas of the state. The count of service users is slightly lower in these tables, due to missing county data for some service users.

Table 2.4 Service Use by Public Health Area

	Number of Service Users					% Service Users of Enrollees				
Public Health Area	Demo Year 1	Demo Year 2	Demo Year 3	Demo Year 4	Demo Year 5	Demo Year 1	Demo Year 2	Demo Year 3	Demo Year 4	Demo Year 5
Total	46,282	58,077	61,797	66,099	67,750	47.4	48.5	46.6	39.3	43.0
1	4,344	5,271	5,702	6,013	5,815	55.2	57.0	56.6	48.8	51.5
2	5,256	6,739	7,386	7,616	7,764	43.5	44.2	42.8	34.9	38.1
3	3,346	4,380	4,769	5,117	5,352	50.9	53.3	52.3	44.4	49.7
4	4,423	5,904	6,432	7,922	8,357	39.4	38.7	37.3	35.1	38.3
5	3,327	4,341	4,595	4,958	5,154	46.5	48.8	46.4	39.5	43.6
6	3,992	5,051	5,456	5,647	5,725	47.7	50.6	49.6	41.8	44.9
7	3,575	4,291	4,340	4,310	4,286	57.9	58.9	56.6	49.0	51.9
8	6,043	7,668	7,911	8,429	8,781	46.4	47.3	43.8	36.1	39.4
9	4,006	4,786	4,901	4,909	4,973	49.3	52.3	49.3	39.2	44.0
10	3,996	4,506	4,700	4,815	4,941	50.0	51.1	49.1	39.9	44.8
11	3,974	5,140	5,605	6,363	6,602	44.0	45.2	43.6	37.7	42.1

Comprehensiveness of Services and Contraceptive Choice

We assessed comprehensiveness of services in the Plan First program in two ways: by examining the range of procedures billed to the program as shown in claims data, and by surveying a sample of Plan First enrollees concerning the content of their family planning visits and their contraceptive choices. Table 2.5 shows change over time and the variation across provider types for some categories of services provided to Plan First clients. These data show an increase in the portion of clients who received HIV counseling over time; for the most part the rate of provision of other services has been stable. However, the portion of clients receiving tubal ligations declined over the demonstration period. Generally, clients of private providers were less likely to receive care coordination, HIV counseling and birth control pills ordered in bulk from the state warehouse.

Table 2.5 Portion of Each Provider Type's Clients Using Services

		Demo Yr 1	Demo Yr 2	Demo Yr 3	Demo Yr 4	Demo Yr 5
Care Coordination	Health Department	33.7%	33.5%	35.6%	34.6%	35.5%
	Private	7.0%	6.6%	6.4%	6.0%	4.4%
	Both	40.6%	46.5%	44.6%	43.8%	45.6%
	Neither	36.5%	47.5%	55.7%	43.4%	34.7%
	Total with Service	13659	17751	20065	20721	20413
	% All Clients	28.6%	29.8%	31.1%	29.7%	28.6%
HIV Counseling	Health Department	63.0%	71.0%	73.5%	73.3%	71.2%
	Private	1.4%	4.3%	6.5%	6.4%	7.3%
	Both	56.4%	64.8%	66.7%	66.9%	65.8%
	Neither	0.2%	0.6%	0.7%	0.4%	0.1%
	Total with Service	19698	28674	31744	31883	31332
	% All Clients	41.3%	48.1%	49.3%	45.7%	43.9%

		Demo Yr 1	Demo Yr 2	Demo Yr 3	Demo Yr 4	Demo Yr 5
Tubal Ligations	Health Department	1.1%	0.9%	0.6%	0.6%	0.5%
	Private	5.8%	4.5%	3.7%	2.9%	2.4%
	Both	17.9%	14.6%	12.7%	4.9%	10.8%
	Neither	4.8%	6.7%	4.5%	3.5%	2.7%
	Total with Service	1727	1750	1451	1324	1178
	% All Clients	3.6%	2.9%	2.2%	1.9%	1.6%
Depo Provera	Health Department	37.4%	35.9%	35.4%	33.1%	33.4%
	Private	27.2%	33.2%	34.4%	31.6%	25.0%
	Both	45.5%	44.9%	44.6%	59.1%	38.7%
	Neither	0.0%	0.0%	0.0%	0.0%	0.0%
	Total with Service	14767	18856	20464	20704	18384
	% All Clients	31.0%	31.7%	31.8%	29.7%	25.8%
Birth Control Pills	Health Department	50.0%	49.0%	49.1%	40.3%	44.1%
	Private	20.4%	29.5%	31.7%	20.0%	23.0%
	Both	42.3%	44.2%	44.5%	24.5%	40.7%
	Neither	2.3%	4.3%	5.5%	2.3%	2.8%
	Total with Service	17692	23461	25,786	19888	22735
	% All Clients	37.1%	39.4%	40.0%	28.5%	31.9%

Respondents to the Plan First surveys conducted over the demonstration period report increasingly more comprehensive content of the family planning

visit, as shown in Table 2.6. This is a good indicator that the quality of family planning care has improved with the Plan First program.

Table 2.6 Reported Content of Family Planning Visit

	Contraceptive Method	Counseling on Birth Control	Exam or Pap Test	HIV Test or Counseling	STD Test or counseling	Pregnancy Test	Counseling onTubal Ligation
Recall before Yr 1	39.4%	51.2%	43.7%	29.2%	19.1%	5.9%	4.8%
Yr 1	79.1%	62.9%	70.3%	37.9%	19.3%	3.3%	7.6%
Yr 2	84.4%	71.1%	75.1%	43.3%	51.0%	35.8%	19.5%
Yr 3-4	78.8%	73.5%	78.6%	52.5%	61.2%	41.7%	17.8%
Yr 5	79.5%	73.4%	79.1%	57.0%	63.1%	41.1%	21.2%

Finally, Table 2.7 shows that an increasing proportion of survey respondents of all ages reported using contraceptives over the Plan First period. Furthermore, a wider variety of contraceptive methods are reported as being used over the course of the program, also indicating improvements in the quality of family planning care with the Plan First program. Note that this table is based on client reports, not Medicaid claims data. Not all of the contraceptive methods shown here are covered by Plan First. However, family planning encounters covered by the program are helping clients broaden their choice of contraceptive methods.

Table 2.7 Use of Contraceptives

	Age 18-24				Age 25-34				Age 35+			
	Yr 1	Yr 2	Yr 3-4	Yr 5	Yr 1	Yr 2	Yr 3-4	Yr 5	Yr 1	Yr 2	Yr 3-4	Yr 5
N	354	490	689	392	333	435	457	468	105	198	142	196
% used any	84.7	89.2	86.6	86.6	76.2	84.8	77.5	84.4	57.7	70.7	66.9	74.0
% Tubal		2.3	0.2	0.6		5.7	7.3	3.5		14.3	18.8	6.8
% vasectomy	1.4	1.8	2.0	1.8	3.0	2.2	1.7	5.1	2.9	7.1	5.2	2.8
% Norplant	1.7	1.8	0.8	0.9	4.5	4.9	8.2	4.0	5.7	0.7	2.1	4.8
% Depo	42.9	46.7	39.3	43.1	33.9	30.4	36.2	40.5	26.4	31.4	22.9	34.2
% Patch				13.1				10.1				6.8
% IUD			3.2	4.2			3.7	5.1			1.0	4.1
% BC Pills	74.1	66.8	71.2	70.6	68.5	71.0	73.1	75.2	60.0	65.7	61.5	71.2
% Plan B				3.0				1.0				.7
%	79.1	76.6	83.4	86.0	74.3	70.8	77.9	78.5	68.9	69.3	71.1	72.6

	Age 18-24				Age 25-34				Age 35+			
	Yr 1	Yr 2	Yr 3-4	Yr 5	Yr 1	Yr 2	Yr 3-4	Yr 5	Yr 1	Yr 2	Yr 3-4	Yr 5
Condoms												
% Natural FP	7.6	6.7	6.7	4.5	9.3	6.8	10.8	6.4	14.3	12.1	13.5	9.0
% Withdrawal	51.7	45.0	54.3	52.4	36.6	34.9	36.0	37.6	26.7	30.7	34.4	28.0

Conclusion: Enrollment in the Plan First program includes a substantial portion of potentially eligible women in the state. At the end of the first four years of the program, there were 56% more family planning service users in this income bracket in the state than among Title X users before Plan First began. However, service use did not keep pace with enrollment, and remained less than 50% of all those enrolled in the program. This may be because women were automatically enrolled and remained enrolled in the program even when they were no longer interested in receiving family planning services. Nearly one quarter of Plan First clients used private sector in addition to or instead of Title X provider settings, and the number of private sector provider settings available to clients increased dramatically over the program period. Over the Plan First demonstration period, clients reported increasingly more comprehensive content in their family planning visits, reported more use of contraception and reported a wider variety of contraceptive method choices.

Section Three : Impact of Plan First on reducing Medicaid costs for unintended births.

This evaluation does not include an examination of the reported costs of providing maternity and infant services in the Medicaid program. Rather, we have conducted an assessment of the number of births averted through the Plan First program. We estimate that each maternity care case and care for infants in the first year on average results in an expenditure of $7,000. Multiplying this dollar figure times the number of births averted in each demonstration year yields the estimated savings in the year.

At the request of CMS, we used the July 1998 to June 1999 year as the base period. We counted the number of Medicaid deliveries that occurred to SOBRA eligible women over age 18 in that period, and divided this by an estimate of the number of women in that income and age range in the population, taken from census data. The tables shown in this evaluation retain the population estimates used in the original waiver application to CMS, and have not been updated with 2000 census data. We used these data to calculate the baseline fertility rate, and we used the baseline fertility rate to calculate how many births we expected Plan First service users to have if there had been no demonstration program.

We made a separate estimate for Black, White and other ethnicity women ages 19-20, 21-30 and over 30, so that we could adjust our expected number of births by the demographics of the women who actually get service in the Plan First program. We then used Medicaid delivery claims for each Plan First demonstration year, matched to the claims of Plan First service users in each year, to count how many births actually occurred to demonstration participants. The difference between the number of births we expected and the number of births that occurred is the number of births averted. Estimated savings for each year can be calculated by multiplying the number of births averted by the average cost of each maternity-child case.

Tables 3.1-3.4 show the births averted estimate for the first four years of the Plan First program. In the first year, we estimated 5151 births averted by Plan First, for a total savings of $36,057,000. In the second year, we estimated 7895 births averted, for a total savings of $55,265.000. In the third year, we estimated 8511 births averted, for a total savings of $59,577,000. In the fourth year, we estimated 9014 births averted, for a total savings of $63,098,000.

Table 3.1 Births Averted Demonstration Year 1

Age and Race Group	Base Pop	Medicaid Births to Base Pop	Base Year Fertility Rates	Demo Participants Year 1 (updated 2/04)	Expected Births	Actual Births in Year 1 (updated 2/04)	Births Averted in Year 1	Fertility Rate Year 1	Births averted per 1,000 participants
White Pop									
18-19 years	6477	1969	0.304	3635.000	1105	338	767	0.093	
20-29 years	31039	6409	0.206	12411.000	2563	2121	442	0.171	
30+ years	53214	1015	0.019	3554.000	68	227	-159	0.064	
Black Pop									
18-19 years	4129	1544	0.374	3879.000	1451	268	1183	0.069	
20-29 years	16904	5143	0.304	15354.000	4671	1951	2720	0.127	
30+ years	24538	841	0.034	4773.000	164	220	-56	0.046	
Other Pop									
18-19 years	331	77	0.233	246.000	57	6	51	0.024	
20-29 years	1630	244	0.150	1661.000	249	56	193	0.034	
30+ years	2189	69	0.032	725.000	23	12	11	0.017	
Total	140451	17311	0.123253	46238	10350	5199	5151	0.1124	111.4

Table 3.2 Births Averted Demonstrtion Year 2

Age and Race Group	Base Pop	Medicaid Births to Base Pop	Base Year Fertility Rates	Demo Participants Year 2 (updated 2/04)	Participants with tubal ligations in Y1	Total Demo Participants Y2	Expected Births	Actual Births in Year 2 (updated 2/04)	Births Averted in Year 2	Fertility Rate Year 2	Births averted per 1000 participants
White Pop											
18-19 years	6477	1969	0.304	4421		4421	1344	363	981	0.082	
20-29 years	31039	6409	0.206	16299	507	16806	3470	2189	1281	0.130	
30+ years	53214	1015	0.019	4336	259	4595	88	208	-120	0.045	
Black Pop											
18-19 years	4129	1544	0.374	4589		4589	1716	231	1485	0.050	
20-29 years	16904	5143	0.304	20393	251	20644	6281	2119	4162	0.103	
30+ years	24538	841	0.034	5787	124	5911	203	221	-18	0.037	
Other Pop											
18-19 years	331	77	0.233	185		185	43	14	29	0.076	
20-29 years	1630	244	0.150	1101	151	1252	187	90	97	0.072	
30+ years	2189	69	0.032	388	60	448	14	16	-2	0.036	
Total	140451	17311	0.123	57499	1352	58851	13346	5451	7895	0.0926	134.1

Table 3.3 Births Averted Demonstration Year 3

Age and Race Group	Base Pop	Medicaid Births to Base Pop	Base Year Fertility Rates	Demo Partici-pants Year 3 (updated 2/05)	Partici-pants with tubal ligations in Y1	Partici-pants with tubal ligations in Y2	Total Demo Participants Y3	Expected Births	Actual Births in Year 3 (updated 2/05)	Births Averted in Year 3	Fertility Rate Year 3	Births averted per 1000 partici-pants
White Pop												
18-19 years	6477	1969	0.304	2481		1	2482	755	156	599	0.063	
20-29 years	31039	6409	0.206	20512	563	576	21651	4471	2650	1821	0.122	
30+ years	53214	1015	0.019	5282	373	419	6074	116	279	-163	0.046	
Black Pop												
18-19 years	4129	1544	0.374	2347			2347	878	70	808	0.030	
20-29 years	16904	5143	0.304	24917	254	316	25487	7754	2428	5326	0.095	
30+ years	24538	841	0.034	7171	177	183	7531	258	254	4	0.034	
Other Pop												
18-19 years	331	77	0.233	101			101	23	3	20	0.030	
20-29 years	1630	244	0.150	944	250	163	1357	203	104	99	0.077	
30+ years	2189	69	0.032	313	109	92	514	16	19	-3	0.037	

Age and Race Group	Base Pop	Medicaid Births to Base Pop	Base Year Fertility Rates	Demo Partici-pants Year 3 (updated 2/05)	Partici-pants with tubal ligations in Y1	Partici-pants with tubal ligations in Y2	Total Demo Participants Y3	Expected Births	Actual Births in Year 3 (updated 2/05)	Births Averted in Year 3	Fertility Rate Year 3	Births averted per 1000 partici-pants
Total	140451	17311	0.123	64068	1726	1750	67544	14474	5963	**8511**		126.0

Table 3.4 Births Averted Demonstration Year 4

Age and Race Group	Base Pop	Medi-caid Births to Base Pop	Base Year Fer-ility Rates	Demo Partici-pants Year 4 (updated 2/05)	Partici-pants with tubal ligations in Y1 (updated 2/04)	Partici-pants with tubal ligations in Y2 (updated 2/04)	Partici-pants with tubal ligations in Y3(updated 2/04)	Total Demo Partici-pants Y4	Expected Births	Actual Births in Year 4 (updated 2/05)	Births Avert-ed in Year 4	Fer-tility Rate Year 4	Births averted per 1000 partici-pants
White Pop													
18-19 years	6477	1969	0.304	2339		1		2340	711	367	344	0.157	
20-29 years	31039	6409	0.206	21477	563	576	604	23220	4795	2531	2264	0.109	
30+ years	53214	1015	0.019	5309	373	419	322.	6423	123	247	-124	0.038	
									0				
Black Pop									0				
18-19 years	4129	1544	0.374	2543				2543	951	335	616	0.132	
20-29 years	16904	5143	0.304	26770	254	316	276	27616	8402	2639	5763	0.096	

Age and Race Group	Base Pop	Medi-caid Births to Base Pop	Base Year Fer-ility Rate s	Demo Partici-pants Year 4 (updat ed 2/05)	Partici-pants with tubal ligations in Y1 (updated 2/04)	Partici-pants with tubal ligations in Y2 (updated 2/04)	Partici-pants with tubal ligations in Y3(updat ed 2/04)	Total Demo Partici-pants Y4	Expect ed Births	Actual Births in Year 4 (updat ed 2/05)	Births Avert-ed in Year 4	Fer-tility Rate Year 4	Births averted per 1000 partici-pants
30+ years	24538	841	0.034	7653	177	183	203	8216	282	261	21	0.032	
									0				
Other Pop									0				
18-19 years	331	77	0.233	104				104	24	14	10	0.135	
20-29 years	1630	244	0.150	1041	250	163	13	1467	220	95	125	0.065	
30+ years	2189	69	0.032	349	109	92	17	567	18	22	-4	0.039	
Total	140451	17311	0.123	67585	1726	1750	1435	72496	15525	6511	**9014**		124.3

One weakness in the approach that CMS required for making the births averted calculation is that we use only births in each demonstration year. Following the terms and conditions of the demonstration program, we include births that occurred to women before they enrolled in Plan First in the year, but we exclude births that occurred after the year, even though the women became pregnant while participating in Plan First in the demonstration year. However, a rough estimate of an alternative approach that would exclude births occurring before enrollment and include births occurring in the following year still showed a high number of births averted: 142 per thousand service users in Year One, 124 per 1000 service users in Year Two and 129 per thousand in Year Three.

Conclusion: Due to the lower fertility rates among Plan First service users, compared to the general Medicaid eligible population before the start of the program, Plan First has contributed to substantial cost savings for Medicaid by averting expenditures on maternity and infant care.

Section Four : Impact of Plan First on utilizing effective outreach programs to enhance awareness and need for available family planning services.

A very important impact of the Plan First program has been to increase the awareness of women who would be eligible for Medicaid maternity services about the availability of coverage for family planning services. Information about and automatic enrollment in the program is provided by Medicaid to women with Medicaid maternity coverage and those with children enrolled in Medicaid. In addition, the Alabama Department of Public Health operates an outreach program with radio, television and print advertising about the program. The Health Department also actively informs its current clientele about the program.

Awareness of Plan First

Table 4.1 shows the responses of Plan First enrollees to the series of survey questions concerning awareness of the program. General awareness of the Plan First program has increased over time. The major source of information about the program is family planning providers at the Health Department. The second most common source of information cited is the Medicaid Agency. Media sources are not commonly cited as the initial source of information about the program.

The portion of enrollees who knew they were enrolled in the program has increased overall over time, primarily because the portion who has heard of the program has increased. However, over the five years of program operation, we have consistently found that 20 – 25% of respondents who had heard of Plan First did not know that they themselves were enrolled in the program.

The portion of respondents who report having used family planning services has increased dramatically over time, particularly in Year Five. The increase occurred only among enrollees who had heard about Plan First and/or knew they were enrolled in the program. Rates of reported use were higher among those who knew they were enrolled in the program. This suggests that Plan First outreach programs do have a positive effect on enhancing awareness and encouraging use of available family planning services.

Table 4.1 Level of Awareness of Plan First

		Demo Year 1	Demo Year 2	Demo Year 3 – 4	Demo Yr 5
		%	%	%	
Before this call, had you heard of Plan First?	Yes	76.8	82.5	81.0	85.3
If so, how did you hear?	Letter from Medicaid	43.9	29.5	22.4	24.8
	Postcard	29.5	10.4	7.4	10.4
	Referral from Health	na	38.9	39.8	

		Demo Year 1	Demo Year 2	Demo Year 3 – 4	Demo Yr 5
		%	%	%	
	Department Provider				42.4
	Referral from Service Provider	8.4	4.8	6.3	4.8
	Family or friend	4.6	4.7	9.9	6.9
	Poster	1.3	2.3	2.2	1.6
	Pamphlet	6.3	3.4	4.2	3.6
	Radio				0.2
	Television				2.7
	Other	4.5	5.5	2.7	2.6
Did you know you were enrolled in Plan First?	Yes, of all those surveyed	56.2	64.2	64.9	63.6
	Yes, of those who had heard of Plan First	73.1	77.9	80.2	74.9
Have you used any family planning services since enrolling in Plan First?	Yes, of all those surveyed	48.2	66.7	45.5	63.6
	Yes, of those who knew they were enrolled	59.6	75.3	56.3	75.6
	Yes, of those who had heard of Plan First but did not know they were enrolled	40.6	54.1	26.6	51.9
	Yes, of those who had not heard of Plan First	27.2	48.2	24.4	24.4

Supporting this observation from descriptive data, we conducted multivariate analysis of responses to the survey question that asked respondents whether they had used family planning services. In both the analysis that combined responses from the first three years of survey data and the analysis of Demo Year Five survey data, we found that respondents who were aware that they were enrolled in Plan First were two to three times more likely to report having used family planning services than those who were not aware that they were enrolled. These data are shown in Table 4.2.

Table 4.2 Factors Associated with Responses to Whether Any Family Planning Services Used Since Enrollment

	Demo Years 1-4	Demo Year 5
	Have you used any FP services since enrolling? – yes	Have you used any FP services since enrolling? – yes
	Odds Ratio	Odds Ratio

	Demo Years 1-4	Demo Year 5
	Have you used any FP services since enrolling? – yes	Have you used any FP services since enrolling? – yes
Demo Year		
One	Reference:	
Two	1.75 ***	
Three	1.27	
Age		
19-24	Reference:	Reference
25-34	0.80 *	0.82
35+	0.50 ***	0.54*
Race		
White	Reference:	Reference
Not White	0.97	0.97
Education		
< High School	Reference	Reference:
High School	1.20	1.13
More than High School	1.18	1.38
Length of Enrollment		
< 6 months	Reference:	Reference:
6-12 months	2.22 ***	0.99
12-24 months	2.70*	0.54**
> 24 months	3.13***	0.90
Marital Status		
Never Married	Reference:	Reference:
Married	0.88	0.90
Previously Married	.90	1.16
Ever Pregnant	1.06	1.35
Area of Residence	No difference	No difference
Did you know you were enrolled in Plan First? - Yes	2.85 ***	3.32***

* p < .05
** p < .01
*** p < .001

Barriers to Use of Family Planning

The survey of Plan First enrollees includes questions asking respondents whether they had delayed or decided not to seek family planning services for a

specified set of reasons. In the first three surveys conducted, these questions were asked only of respondents who reported not having made a family planning visit in the previous year. In Year Five, the questions were asked of all respondents: users of services were asked if they had encountered any of the listed reasons as problems when using care. Table 4.3 shows the responses to the delay reason questions for respondents who did not use services over the Plan First period. Reasons for not using care have not shifted dramatically among non-users over the Plan First period, except that the perception of availability of providers has declined.

Table 4.3. Reasons for Delay Among Those who Did not Use Family Planning Services

	Demo Year 1	Demo Year 2	Demo Year 3-4	Demo Year 5
N	536	482	171	365
Reason for Delay - No provider in the area that you wanted to see	5.0%	11.8%	10.1%	14.4%
Reason for Delay - Couldn't reach provider on the telephone	5.9%	8.3%	5.3%	10.8%
Reason for Delay - Couldn't get appointment soon enough	9.9%	11.2%	10.9%	13.8%
Reason for Delay - Had to wait too long at appointment	14.0%	15.0%	18.3%	22.0%
Reason for Delay - Office was not open when convenient	7.4%	7.1%	10.4%	6.8%
Reason for Delay - No transportation	8.1%	12.8%	10.3%	10.5%
Reason for Delay - Family or partner did not want her to go	1.0%	1.6%	3.3%	2.2%
Reason for Delay - No childcare	7.0%	7.0%	8.5%	6.8%
Reason for Delay - No money to pay for appointment	21.7%	24.1%	31.4%	21.9%
Reason for Delay – Not like family planning exam	na	na	12.4%	11.2%

To examine whether awareness of the Plan First program alters perceptions about the problems encountered when accessing family planning care, we contrasted the responses on problems encountered between those who did and did not know that they were enrolled in the program. These responses are from Demo Year Five. Table 4.4 shows that those who were unaware of their Plan First enrollment were much more likely to perceive problems with provider availability and affordability. This may be another indication that effective outreach programs in Plan First enhance awareness of family planning services. However, another explanation may be that the same people who are aware of Plan First are also more informed about family planning availability.

Table 4.4. Reasons for Delay among those who were and were not aware of their Plan First Enrollment.

	Total N = 945	Know they are enrolled in Plan First N = 716	Did not Know they are enrolled in Plan First N = 229
Reason for Delay - No provider in the area that you wanted to see	11.4%	10.4%	14.7%
Reason for Delay - Couldn't reach provider on the telephone	10.1%	8.9%	13.8%*
Reason for Delay - Couldn't get appointment soon enough	13.2%	11.9%	17.2%*
Reason for Delay – Had to wait too long at appointment	22.9%	21.1%	28.4%*
Reason for Delay - Office was not open when convenient	7.0%	7.3%	6.9%
Reason for Delay - No transportation	7.1%	8.6%	6.6%
Reason for Delay - Family or partner did not want her to go	1.5%	1.4%	1.7%
Reason for Delay - No childcare	5.8%	5.5%	6.5%
Reason for Delay - No money to pay for appointment	15.4%	12.4%	24.6%**
Reason for Delay – Not like family planning exam	9.0%	8.5%	10.5%

* $p < .05$ difference between users and non-users of family planning
** $p < .01$ difference between users and non-users of family planning

Conclusion: Awareness of the Plan First program has increased over time among women who are actually enrolled in the program. Awareness of enrollment has also increased. However awareness is not universal. Women who are aware of the program are much more likely to use family planning services, and are less likely to see provider availability and affordability concerns as barriers to use of family planning services.

Section Five : Impact of Plan First on utilizing care coordination services to assist women with choosing a family planning method.

An important feature of the Plan First program is the provision of risk assessments to all clients and the provision of care coordination services to clients assessed as high risk. Risk assessments are conducted by care coordinators in health department settings. Clients are evaluated for knowledge about contraception, previous experience with family planning, and any psychosocial risk factors that might contribute to an unintended pregnancy. Clients who are assessed as high risk receive additional counseling sessions and reminders for follow up family planning appointments.

Risk Assessments

One challenge facing the Plan First program has been assuring that all clients actually receive risk assessment services. Not all local health departments have the personnel to consistently provide this service, and private providers do not consistently refer their clients to health departments for the service. Table 5.1 shows the rate at which Plan First clients have received assessments over the program period. The table shows that the portion of health department clients receiving risk assessments rose from 60% to 80% over the demonstration period, but the net proportion of Plan First clients who received risk assessments rose only from 44% to 51%.

Table 5.1 Provision of Risk Assessments to Plan First Clients

		Clients	This Year Only	Previous Years Only	This Year and Previous Years	Total	% with Assessment
Demo Yr 1	Health Department	28386	16827			16827	59.28%
	Both	2923	1677			1677	57.37%
	Private Providers	10431	555			555	5.32%
	Neither	6389	2045			2045	32.01%
	Total	**48129**	**21104**			21104	43.85%
Demo Yr 2	Health Department	41125	14648	5173	5883	25704	62.50%
	Both	3790	1750	93	98	1941	51.21%

		Clients	This Year Only	Previous Years Only	This Year and Previous Years	Total	% with Assessment
	Private Providers	12009	0	194	0	194	1.62%
	Neither	2655	0	33	0	33	1.24%
	Total	**59579**	**16398**	**5493**	**5981**	27872	46.78%
Demo Yr 3	Health Department	39225	13787	5578	9436	28801	73.43%
	Both	2790	1391	94	94	1579	56.59%
	Private Providers	15482	480	177	14	671	4.33%
	Neither	6939	976	88	16	1080	15.56%
	Total	**64436**	**16634**	**5937**	**9560**	**32131**	49.86%
Demo Yr 4	Health Department	37258	12022	5775	11700	29497	79.17%
	Both	5154	3085	123	191	3399	65.95%
	Private Providers	16884	561	340	38	939	5.56%
	Neither	10485	978	288	42	1308	12.47%
	Total	**69781**	**16646**	**6526**	**11971**	**35143**	50.36%
Demo Yr 5	Health Department	40309	11417	6656	14831	32904	81.63%
	Both	2172	1217	85	151	1453	66.90%
	Private Providers	16245	367	375	54	796	4.90%
	Neither	12628	771	442	52	1265	10.02%
	Total	**71354**	**13772**	**7558**	**15088**	**36418**	51.04%

The initial estimate of the portion of the Plan First clientele that would be classified as high risk through risk assessment was about 15%. However, over time, an increasing portion of clients were placed in this category, which justifies the provision of care coordination services. Table 5.2 shows the portion of clients classified as high risk, and shows that consistently over the program period, about 80% of these clients received care coordination services.

Table 5.2 Provision of Care Coordination to High Risk Clients

Demo Year of Service Use	Number clients assessed as high risk this year	Percent of all clients assessed in the year	Number clients previously assessed as high risk, not assessed this year, still using services	Percent of all clients this year assessed as high risk	Percent of all high risk clients receiving care coordination services this year
Year 1	5,523	26.1%	N/A	11.5%	86.3%
Year 2	6,871	30.7%	3,382	17.2%	83.1%
Year 3	10,890	41.6%	5,495	25.4%	87.2%
Year 4	12,752	44.6%	9,177	31.4%	84.6%
Year 5	12,653	43.8%	12,038	34.6%	78.1%

Care Coordination

To assess the impact of care coordination services on clients' use of family planning services, we conducted three analyses. The first, shown above in Section 1, showed that clients receiving care coordination services were among the Plan First enrollees with the lowest rate of subsequent deliveries during the program period, despite the fact that they were considered to be at high risk for unintended pregnancies. The second analysis, shown in Table 5.3, compares service use within the program between clients who did and did not receive care coordination services. The table shows that clients without care coordination are seen in health department clinics on average less than twice a year, while those with care coordination are seen on average slightly more than twice per year. More care coordination clients use depo-provera as contraception, more have had tubal ligations and more receive HIV counseling. The mean number of different days on which care coordinators indicated that they worked on client cases was five, with an increase occurring between Demo years 2 and 3. These findings indicate that care coordination is successful in encouraging clients to use family planning services and to select effective contraception methods.

The third assessment we conducted of the impact of care coordination compared the rate of return for follow up family planning visits over time between clients who did and did not receive family planning services. This is shown in Table 5.4. Consistently over the program period, clients who received care

coordination services were more likely to return in subsequent years for family planning services than clients who did not receive care coordination services.

Table 5.3 Use of Services by Clients With and Without Care Coordination

	Demo Year 1		Demo Year 2		Demo Year 3		Demo Year 4		Demo Year 5	
Care Coordination	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
N	33967	13453	41315	17490	44354	20063	48998	20711	50868	20401
Mean number Care Coordination service-days	0	3.31	0	4.12	0	5.22	0	5.64	0	5.49
% with public visits	59.6	78.7	64.9	100	60.4	75.8	55.6	73.2	53.4	75.0
Mean number public visits for those with any	1.86	2.21	2.30	6.43	1.92	2.28	1.94	2.25	1.95	2.34
% with private visits	33.2	14.0	32.7	12.0	36.1	11.2	38.3	15.7	32.8	8.3
Mean number private visits for those with any	1.77	1.69	2.33	1.98	2.08	1.71	1.94	1.45	1.94	1.65
% with HIV counseling	35.6	54.3	43.9	58.1	45.7	57.2	42.0	54.6	39.4	55.2
% with tubal ligations	3.0	5.0	2.3	4.4	1.7	3.4	1.6	2.6	1.4	2.2
% with birth control pills	36.0	38.8	40.1	37.8	0.1	0.0	29.0	27.5	32.7	29.9
% with depo provera	28.6	36.0	30.1	35.3	30.6	34.4	28.1	33.4	23.1	32.4

Table 5.4 Follow Up Visit Use With and Without Care Coordination

	First Year New Service Users		Second Year New Service Users		Third Year New Service Users		Fourth Year New Service Users		Fifth Year New Service Users	
	No Care Coord.	With Care Coord.	No Care Coord.	With Care Coord.	No Care Coord.	With Care Coord.	No Care Coord.	With Care Coord.	No Care Coord.	With Care Coord.
N	27216	14524	20280	10472	17288	5615	15448	4954	14460	3333
Had additional visit within 12 months of first visit	60.7	82.4	56.6	89.1	55.7	74.5	57.8	75.0	39.7	60.2
Had additional visit 13 to 24 months after first visit	44.3	74.0	42.2	54.5	41.0	60.6	28.5	44.8	NA	NA
Had additional visit 25 to 36 months after first visit	32.9	52.5	31.4	44.0	21.0	35.0	NA	NA	NA	NA
Had additional visit 37 to 48 months after first visit	25.9	43.4	16.7	26.7	NA	NA	NA	NA	NA	NA
Had additional visit 49 to 60 months after first visit	15.2	27.7	NA	NA	NA	NA	NA	NA	NA	NA

Conclusion: Care coordination services have a positive impact on Plan First clientele. Clients using these services receive more family planning services, use more effective contraceptive methods and are more likely to return over time for care. The majority of clients who are assessed as high risk receive these services. However, it has been difficult to assure that all Plan First clients receive risk assessment services.

Section Six : Impact of Plan First on ensuring that education concerning family planning methods is communicated in a meaningful and understandable way to women.

The impact of Plan First on clients' understanding of family planning methods is difficult to assess, partly because client understanding is so variable based on demographics and background. We assessed client understanding in several ways in this evaluation, using data from the enrollee surveys. First, we examined the factors correlated to use of any contraceptive services, to see whether, controlling for other factors, a client's awareness that she was enrolled in Plan First was associated with contraceptive use. Second, we selected six modes of contraception that are considered to be more effective because they do not rely on individual decision making at the time of intercourse. These modes are: birth control pills, implants or patches, IUDs, Depo Provera injections, tubal ligations and partner vasectomies. We assessed whether awareness of enrollment in Plan First was associated with use of effective contraception other factors taken into account. Both of these analyses assume that Plan First can only have an impact on a client's behavior if she is aware that she is enrolled. These two analyses were conducted first for the combined data in the first three surveys, covering Demo Years One through Four, and again for Demo Year Five. For this analysis, we assigned one type of contraceptive listing to each respondent. If the respondent replied to a survey question that asked the type of contraception most frequently used, that response was assigned. Where respondents did not identify the type of contraception most frequently used, we used the most effective type as the single response.

Use of Contraceptives

In the first years of the Plan First program, as shown in Table 6.1, knowledge of enrollment in Plan First was significantly associated with use of contraceptives: respondents were 21% less likely to have used contraceptives if they did not know they were enrolled. However, there was no significant association between knowledge of Plan First enrollment and use of the relatively more effective contraceptives. In the most recent year of the survey, however, as shown in Table 6.2, respondents who knew they were enrolled in Plan First were 42% more likely to use contraceptives and 33% more likely to use effective contraceptives than those who did not know they were enrolled. In both years, older and less well educated respondents were less likely to use contraceptives. This may simply be an indicator that the respondents who were aware of their enrollment in Plan First are also the more active and well informed contraceptive users. But it is also possible that awareness of the program indicates that clients are using care from providers who are adhering to the client education guidelines that are part of the Plan First program.

Table 6.1 Factors Associated with Use of Contraceptives, Demo Years 1-4

	Since enrollment, have you used any contraceptives? - yes N = 2922	Among those reporting use, use of more effective contraceptives N = 2290
	Odds Ratio	Odds Ratio
Demo Year		
One	Reference	Reference:
Two	1.18	.75
Three	1.49*	1.03
Age		
19-24	Reference	Reference
25-34	.70**	.65 *
35+	.41***	.33***
Race		
White	Reference	Reference:
Not White	.82	.81
Education		
< High School	Reference	Reference
High School	1.56**	1.37
More than High School	1.48**	1.14
Length of Enrollment		
< 6 months	Reference	Reference
6-12 months	1.03	1.02
12-24 months	1.22	1.32
> 24 months	1.20	1.32
Marital Status		
Never Married	Reference	Reference
Married	.66 **	.69
Previously Married	.82	.79
Ever Pregnant	.61 **	.72
Area of Residence		
PHA 1	1.65 *	1.28
PHA 2	.74	.51
PHA 3	1.41	.59
PHA 4	.78	.38 **
PHA 5	1.07	.99
PHA 6	.1.08	.52
PHA 7	1.54*	.95

	Since enrollment, have you used any contraceptives? - yes N = 2922	Among those reporting use, use of more effective contraceptives N = 2290
PHA 8	1.09	.67
PHA 9	.1.28	.58
PHA 10	1.12	.53
PHA 11	Reference	Reference
Did you know you were enrolled in Plan First?-No	.79 *	.89
Have you used any family planning services since enrolling? – No	.23 ***	.24 ***

* p < .05
** p < .01
*** p < .0001

Table 6.2 Factors Associated with Use of Contraceptives, Demo Year 5

Factor	Since enrollment, have you used any contraceptives? - yes N = 1056	Among those reporting use, use of more effective contraceptives N = 897
	Odds Ratio	Odds Ratio
Age 25-34 vs 19-24	.92	.83
Age 35+ vs 19-24	.46*	.76
Married now	1.05	1.02
Married previous	1.27	1.22
High School vs less than High School	1.27	1.08
More than High School vs less than High School	2.21*	.81
Ever Pregnant	1.00	.87
Enrolled 6-12 months vs less	.99	.42

Factor	Since enrollment, have you used any contraceptives? - yes N = 1056	Among those reporting use, use of more effective contraceptives N = 897
than 6 months		
Enrolled 13-24 months vs less than 6 months	.75	1.26
Enrolled 25+ months vs less than 6 months	.91	.77
Non-White vs White	.72	.95
Public Health area	No difference	No difference
Q3 – did not know you were enrolled in Plan First	.58*	.66*

* p < .05
** p < .01
*** p < .0001

Barriers to Use of Contraception

Another approach we used to evaluate the impact of Plan First on client education about family planning methods was to assess trends over time and the factors associated with reasons given by respondents for not using contraceptives. Table 6.3 shows time trends in the reasons given for not using contraceptives. The data suggest that the portion of women who reported that difficulties in using birth control declined over the Plan First period. Other reasons for not using contraceptives, including affordability, relevance and beliefs about contraception, have not changed proportionately over time.

Table 6.3 Reasons for Not Using Contraceptives

	Ages 18-24				Ages 25 – 34				Ages 35 +			
	Demo Year 1	Demo Year 2	Demo Year 3-4	Demo Year 5	Demo Year 1	Demo Year 2	Demo Year 3-4	Demo Year 5	Demo Year 1	Demo Year 2	Demo Year 3-4	Demo Year 5
N	62	51	87	50	101	63	91	66	75	57	40	43
Contraception not relevant												
% Not having sex	37.1	43.1	42.5	44.0	31.7	42.9	59.3	50.0	37.3	56.1	47.5	48.9
% Want to get pregnant	12.9	21.6	13.8	18.4	5.9	12.7	12.1	18.2	12.0	5.3	2.5	16.3
% Don't think she can get pregnant	16.1	21.6	41.4	29.2	36.3	22.2	31.9	32.8	45.3	38.6	35.0	51.2
Difficulties using contraception												
% Concerned about side effects	40.3	54.9	44.8	28.0	44.6	41.9	35.2	37.9	46.7	42.1	42.5	47.7
% Partner does not want you to use birth control	9.7	17.6	14.8	8.2	14.7	14.3	6.6	12.5	12.0	7.0	10.0	11.9
% Too much trouble to use birth control	19.4	13.7	5.7	12.0	21.8	11.1	7.7	4.5	22.7	3.5	10.0	4.7
Beliefs about birth control												
% Don't believe birth control works	17.7	11.8	43.0	38.0	24.5	19.0	27.5	37.9	25.7	25.0	27.5	46.3

	Ages 18-24				Ages 25 – 34				Ages 35 +			
	Demo Year 1	**Demo Year 2**	**Demo Year 3-4**	**Demo Year 5**	**Demo Year 1**	**Demo Year 2**	**Demo Year 3-4**	**Demo Year 5**	**Demo Year 1**	**Demo Year 2**	**Demo Year 3-4**	**Demo Year 5**
% Religious reasons	na	na	3.4	0.0	na	na	4.3	4.5	na	na	7.5	2.3
Financial barriers												
% Cannot pay for birth control	25.8	35.3	35.6	28.6	25.7	29.0	37.4	33.3	33.3	36.8	37.5	43.2

We used multivariate analysis techniques to assess whether knowledge of enrollment in Plan First was significantly associated with the types of reasons respondents cited for not using contraceptives. In the combined analyses of the first three surveys, as shown in Table 6.4, we did find that respondents who did not know they were enrolled in Plan First were 50% more likely to cite difficulties using contraceptives and 80% more likely to cite financial barriers as reasons for not using contraceptives, compared to respondents who were aware of their enrollment. Older women and less well educated women were more likely to cite all problems, and there was geographic variation across the state in perception of barriers to use of contraception. However, the parallel analysis for respondents to the survey in Demo Year Five did not show a significant association between knowledge of enrollment and the type of barriers respondents perceived to use of contraception. Again, it is possible that the same women who were aware of their enrollment in Plan First were also better educated about use of contraceptives, but it is also possible that contact with the program contributed to clients expressing less concern about the side effects and difficulties using care. As discussed above in Section 4, awareness of enrollment in Plan First seems to be associated with a lower likelihood of perceiving financial barriers to family planning care use.

Table 6.4 Factors Associated with Reasons for not using Contraceptives, Demo Years 1-4

	Contraception not Relevant	Difficulties Using Contraceptives	Beliefs about Contraceptives	Financial Barriers to Use of Contraceptives
	Odds Ratio	Odds Ratio	Odds Ratio	Odds Ratio
Demo Year				
One	Reference	Reference	Reference	Reference:
Two	1.13	.87	.92	1.42
Three	.89	.80	1.58	1.27
Age				
19-24	Reference	Reference	Reference	Reference
25-34	1.31	1.15	1.35	1.58*
35+	2.50 ***	1.96***	3.02***	3.02***
Race				
White	Reference	Reference	Reference	Reference:
Not White	1.01	1.26	1.22	1.08
Education				
< High School	Reference	Reference	Reference	Reference
High	.69	.63*	.75	.66

	Contraception not Relevant	Difficulties Using Contraceptives	Beliefs about Contraceptives	Financial Barriers to Use of Contraceptives
	Odds Ratio	Odds Ratio	Odds Ratio	Odds Ratio
School				
More than High School	.86	.46***	.57*	.51**
Length of Enrollment				
< 6 months	Reference	Reference	Reference:	Reference:
6-12 months	1.01	1.28	1.05	1.37
12-24 months	.84	1.08	1.19	1.06
> 24 months	.99	1.46	.61	.99
Marital Status				
Never Married	Reference:	Reference	Reference:	Reference:
Married	1.03	1.39	1.22	1.07
Previously Married	1.09	1.11	1.06	1.00
Ever Pregnant	1.02	.79	.78	1.29
Area of Residence				
PHA 1	.73	.43*	.89	.43 *
PHA 2	.76	.38**	.64	.41 *
PHA 3	.70	.42 *	1.12	.30 **
PHA 4	.75	.59	1.50	.49
PHA 5	.80	.52	1.85	.52
PHA 6	.63	.43*	1.37	.39*
PHA 7	.58	.47*	1.20	.35*
PHA 8	.75	.71	.78	.61
PHA 9	.47*	.42 *	.33	.38 *
PHA 10	.63	.60	.65	.45
PHA 11	Reference	Reference	Reference	Reference
Did you know you were enrolled in	1.16	1.53 **	1.16	1.82 **

	Contraception not Relevant	Difficulties Using Contraceptives	Beliefs about Contraceptives	Financial Barriers to Use of Contraceptives
	Odds Ratio	Odds Ratio	Odds Ratio	Odds Ratio
Plan First?-No				
Have you used any family planning services since enrolling? – No	4.87 ***	4.27 ***	4.08 ***	8.75 ***

* p < .05
** p < .01
*** p < .0001

Table 6.5 Factors Associated with Reasons for not using Contraceptives, Demo Year 5

Factor	Perceived financial barrier to contraception use	Difficulties/ side effects	Not Relevant to me	Don't Believe in Birth Control
	Odds Ratio	Odds Ratio	Odds Ratio	Odds Ratio
Age 25-34 vs 19-24	2.39	1.51	1.21	1.35
Age 35+ vs 19-24	5.99*	1.35	3.18	2.13
Married now	0.63	2.89*	1.11	0.81
Married previous	0.56	0.55	0.31	0.69
High School vs less than High School	0.17*	1.43	0.19	0.09**
More than High School vs less than High School	0.23*	2.38	0.34	0.09**
Ever Pregnant	1.56	0.93	3.80*	3.95 (p=.06)
Enrolled 13-24	3.48	0.83		

Factor	Perceived financial barrier to contraception use	Difficulties/ side effects	Not Relevant to me	Don't Believe in Birth Control
	Odds Ratio	Odds Ratio	Odds Ratio	Odds Ratio
months vs 6 months			3.27	9.04*
Enrolled 25+ months vs less than 6 months	4.51*	1.84	0.83	1.74
Non-White vs White	0.55	0.62	1.20	2.32
Public Health area	South AL more than Northwest AL	No difference	Jefferson and Northeast AL less than Northwest AL, others same	Northeast AL less than Northwest AL, others same
Q3 – did not know you were enrolled in Plan First	0.88	0.70	0.72	1.28

* p < .05
** p < .01
*** p < .0001

Client Satisfaction

Finally, we examined reports of client satisfaction in surveys. Satisfaction questions were included in the two most recent respondent surveys. As is often the case with such surveys, responses are extremely positive. In general, respondents reported that their family planning providers clearly communicated information about family planning methods.

Table 6.7 Reported Satisfaction with Family Planning Care

	Year 3-4 (N = 1049)	Year 5 (N = 1039)
	% yes	% yes
Were people working in the clinic or office respectful to you?	96.9%	96.9%
Did the doctor or nurse take time to explain everything clearly?	95.4	97.6%

	Year 3-4 (N = 1049)	Year 5 (N = 1039)
	% yes	% yes
Did the doctor or nurse take time to answer your questions?	97.4%	98.8%
Would you go back again to this office or clinic for family planning?	93.9%	95.2%
Would you recommend this office or clinic to others?	94.2%	95.4%

Conclusion: Many factors that effect women's perceptions about family planning are not subject to influence by the Plan First program. However, there are indications that over time the clients in Plan First have reported fewer concerns about difficulties using contraception, and those with awareness of the program are less likely to cite difficulties and financial barriers as reasons not to use contraception. There is some association between client's awareness of enrollment in Plan First and use of contraception in general and effective contraception in particular. Clients report being satisfied with communication about family planning services provided by their family planning providers.